Primary Health Centres in Arunachal Pradesh

26. SHRI NABAM REBIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of Primary Health Centres proposed to be set up in the State of Arunachal Pradesh during the next three years;

(b) the details of places identified in the State for setting up of such Centres; and

(c) the details of financial allocation made in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C. P. THAKUR): (a) No new Primary Health Centres are proposed to be opened in Arunachal Pradesh, during the Ninth five year plan period, because as per the population norms adopted for the Ninth five year plan, the existing Sub-centres, Primary Health Centres and Community Health Centres in Arunachal Pradesh, are found to exceed the member of health facilities the State is entitled to. The existing public sector health facilities in the State are:

Sub-centre	PHCs	CHCs
273	69	20

(b) and (c) Do not arise.

Population Control under new Population Policy

†27. PROF. M. M. AGARWAL:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the measures on which Government have laid emphasis to bring the increasing population of the country under control;

(b) whether it is a fact that Government propose to provide any new incentive to control the population under 'New Population Policy';

(c) if so, the details thereof; and

(d) the measures being taken by Government for implementation of the said proposals?

THE MINISTER OF HEALTH AND .FAMILY WELFARE (DR. C. P. THAKUR): \s) to (d) Government of India has adopted

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†Original notice of the question was received in Hindi.

a National Population Policy in 2000. The National Population Policy, 2000 enumerates certain socio-demographic goals to be achieved by 2010, which will lead to achieving population stabilisation by 2045. The Policy also prescribes for an Action Plan for implementing the strategic themes listed in the Policy.

The National Population Policy, 2000 has identified the immediate objective as meeting the unmet needs *for contraception, health care infrastructure and trained health personnel* and to provide integrated service delivery, with the following interventions:

(i) Strengthen, community health centres, primary health centres and sub-centres;

(ii) Augment skills of health personnel and health care providers;

(iii) Bring about convergence in the implementation of related social sector programme so that the family welfare programme becomes a people centred programme.

(iv) Integrate package of essential services at village and household levels by extending basic reproductive and child health care through mobile clinics and Counselling services.

(v) Explore the possibility of accrediting "private medical practitioners and assigning them to defined beneficiary groups to provide these services; and revive the system of licensed medical practitioners, he could provide specified clinical services.

National Population Policy, 2000 *inter-alia* enumerates the following promotional and motivational measures for adoption of the small family norm:—

(1) Panchayats'and Zila Parishads will be rewarded and honoured for exemplary performance in universalising the small family norm, achieving reductions in infant mortality and birth rates and promoting literacy with completion of primary schooling.

(2) The Balika Samridhi Yojana run by the Department of Women and Child Development, to promote survival and care of the girl child, will continue. A cash incentive of

Rs. 500 is awarded at the birth of the girl child of birth order 1 or 2.

(3) Maternity Benefit Scheme run by the Department of Rural Development will continue. A cash incentive of Rs. 500 is awarded to mothers who have their first child after 19 years of age, for birth of the first or second child only. Disbursement of the cash award will in future be linked to compliance with antenatal check up, institutional delivery by trained birth attendant, registration of birth and BCG immunisation.

(4) A Family Welfare-linked Health Insurance Plan will be established. Couples below the poverty line, who undergo sterilisation with not more than two living children, would become eligible (along with children) for health insurance (for hospitalisation) not exceeding Rs. 5000, and a personal accident insurance cover for the spouse undergoing sterilisation.

(5) Couples below the poverty line, who marry after the legal age of marriage, register the marriage, have their first child after the mother reaches the age of 21, accept the small family norm, and adopt a terminal method after birth of the second child, will be rewarded.

(6) A revolving fund will be set up for income-generating activities by village-level self help groups, who provide community-level health care services.

(7) Creches and childcare centres will be opened in rural areas and urban slums. This will facilitate and promote participation of women in paid employment.

(8) A wider, affordable choice of contraceptives will be made accessible at diverse delivery points, with counselling services to enable acceptors to exercise voluntary and informed consent.

(9) Facilities for safe abortion will be strengthened and expanded.

(10) Products and services will be made affordable through innovative social marketing schemes.

(11) Local entrepreneurs at village levels will be provided soft loans and encouraged to run ambulance services to supplement the existing arrangements for referral transportation.

(12) Increased vocational training schemes or girls, leading to self-employment will be encouraged.

(13) Strict enforcement of Child Marriage Restraint Act, 1976.

(14) Strict enforcement of the Pre-Natal Diagnostic Techniques Act, 1994.

(15) Soft loans to ensure mobility of the ANMs will be increased.

Additionally 12 strategic themes are identified. These are:

(1) Decentralized planning and programme implementation.

(2) convergence of service delivery at village levels.

(3) Empowering women for improved health and nutrition.

(4) Child Survival and Child Health.

(5) Meeting the unmet needs for family welfare services.

(6) Under-served population groups:

Urban slums;

Tribal communities, hill area population and displaced and migrant populations;

Adolescents;

Increased Participation of men in planned parenthood.

(7) Diverse health care provides.

(8) Collaboration with and commitments for Non-governmental organizations and the private sector.

(9) Mainstream Indian Systems of Medicine and Homoe pathy.

(10) Contraceptive technology and research on reproductive and child health.

(11) Providing for the Older Population.

(12) Information, Education and Communication.

The policy of the Government is to phase out individual incentives because there is little evidence to suggest that individual incentives have any effect in the long run. Incentives can also distract significant resources from addressing the real problem of unmet needs. The policy of the Government is that the couple should be encouraged by persuasion to opt for contraception methods out of informed choice and also to use all resources to make the services available. In principle, individual incentives are damaging and not helpful because they distort responsibility of individual rather than individual participating in the programme on the basis of informed choice.

In order to implement the National Population Policy effectively, a series of consultation/conferences have been held with State Health and Family Welfare Secretaries, Professional Medical Association and Medical Experts, Non-Governmental Organizations, Social editors and Media Representatives, Consultative Committee of Parliament attached to the Ministry of Health and Family Welfare, Industry and Corporate Sector and concerned Departments of Central Government.

An action plan also has been drawn up for implementation of important initiatives in the National Population Policy during August 2000-2001. This action plan takes into account the suggestions received in the Consultative Conferences held in June-July, 2000.

Genetically Engineered Food in the Country

28. SHRI J. CHITHARANJAN:

SHRI V. V. RAGHAVAN:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to the allegations made by the greenpeace activists that genetically engineered food enter the country illegally as the ingredients of legally imported food products;

(b) if so, the details thereof;